



## **Communicable Disease Branch Coronavirus Disease (COVID-19) Bi-Weekly Key Points**

**December 14, 2021**

The North Carolina Division of Public Health (NC DPH) Communicable Disease Branch will be releasing COVID-19 weekly key points that includes information discussed on the bi-weekly Tuesday Local Health Department call. Recordings of the call will not be made available; please use the information below as a summary of the topics presented on the call. As guidance changes, please use the most recent information provided. For questions, contact the NC DPH Communicable Disease Branch 24/7 Epidemiologist on Call at **919-733-3419**.

### **Important Updates**

Attached:

- **Updated:** Find My Testing Place LHD Upload Dec2021Wk2.xlsx
- **New:** K12 Facemask analysis 12-14-21.pdf

Available online at <https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/coronavirus.html> :

- **New:** NCDHHS LHD Bi-Weekly Webinar 12 14 2021.pdf

**Note:** The document, **Local Health Vaccine FAQ**, is no longer being updated. COVID-19 Vaccine FAQs can be found at <https://covid19.ncdhhs.gov/vaccines/frequently-asked-questions-about-covid-19-vaccinations>

### **Epi Picture**

- Omicron variant:
  - Has been identified in NC and most other states but comprises a very small percentage of sequenced viruses in the US to date.
  - Preliminary data suggest the following potential impacts:
    - Immune evasion – laboratory and early epidemiologic data suggest reduced protection against Omicron following vaccination or past infection. Protection likely better following booster dose or in people who have been infected and vaccinated. Early data suggest lower protection against symptomatic infection but stronger protection against severe outcomes.
    - Transmissibility – Omicron rapidly replaced Delta in South Africa (where Delta activity was low) and appears on track to replace Delta in UK over coming weeks (where Delta activity was high). Expected that Omicron will replace Delta in the US but timing uncertain.
    - Severity – early information suggests that illness due to Omicron might be milder (or at least not more severe) than illness due to Delta.
    - Treatment – certain monoclonal antibodies likely to be ineffective against Omicron.
  - Additional data available from [CDC](#) and [UK](#).
- Increasing activity in NC currently due to Delta variant. Highest incidence rates in younger age groups (our least vaccinated population).



- Preliminary analysis of K12 clusters reported October 10 – December 7 by mask policy – see attached slide.

### Policy

- Boosters are now authorized and recommended for everyone 16 years of age and older.
- New Holiday and Winter guidance posted.
  - [NCDHHS Interim Guidance for Winter Holiday Gatherings](#)
  - [Guidance for Winter Holiday Gatherings Flyer](#)
  - [NCDHHS Recommendations for Protecting Each Other from COVID-19](#)

#### Key Messages

NC is experiencing another rise in COVID-19 cases due to the highly contagious Delta variant, primarily in people who are not vaccinated. In addition, a new variant, Omicron, has emerged globally that appears to be even more contagious. Safe and tested COVID-19 vaccines reduce the chances of getting COVID-19 and provide significant protection from serious illness, hospitalization, and death.

With the holidays approaching and people gathering, take actions to protect yourself and your family and friends.

- Everyone 5 and older should get **vaccinated**. Everyone 16 and older should get **boosted** as soon as they are eligible. Layer protection with a flu shot
  - Get a **test** before gathering or traveling, even if vaccinated.
  - Wear a **mask** in indoor public settings, even if vaccinated
- Working with ABC Science Collaborative and gathering data from mask-required school settings. Hoping to be able to make some policy changes based on that data.

### Vaccine Update

Starting August 20, 2021, North Carolina [Session Law 2021-110 Section 9](#) requires health care providers to “obtain written consent from a parent or legal guardian prior to administering any vaccine that has been granted emergency use authorization and is not yet fully approved by the United States Food and Drug Administration to an individual under 18 years of age.” However, on August 23, 2021, the Pfizer-BioNTech COVID-19 vaccine (marketed as COMIRNATY) received full FDA approval for use in individuals 16 years and older. **According to SL 2021-110, 16 and 17 year old individuals have the legal authority to consent to receive the Pfizer-BioNTech COVID-19 Vaccine (COMIRNATY) if they demonstrate the decisional capacity to do so.** Decisional capacity is a person’s ability to understand their health and health care needs and options, and to make decisions about them.

Pfizer COVID-19 vaccine continues to be available under emergency use authorization for the following:

- Use in individuals ages 12-15 years old,
- Those 12 and over who may be eligible for an additional dose due to certain immunocompromised conditions, and
- Those 16-17 years old seeking a Pfizer Booster.



### **Additional Evidence on Mask Use**

On 12/6/21, CDC updated the [Science Brief on Community Use of Masks to Control the Spread of SARS-CoV-2](#):

- The document is updated with additional studies addressing the association of mask wearing with new infections, including infections related to SARS-CoV-2 variants of concern.
- A community benefit comes from the combination of source control and protective filtration that masks provide.
  - Even modest increases in community use of masks can effectively reduce infections.
- There is also additional school-related data offering evidence that masking greatly reduces school outbreaks and lowers a county's pediatric case rate.
- A section was added on mask wearing among children which may help address concerns circulating about this population.
  - Recent studies demonstrate that masks are safely tolerated and unlikely to seriously effect children's social interactions. There is no clear evidence that masking impairs emotional or language development in children.
- The additional data strengthens CDC's recommendation to wear a mask in indoor settings in areas of substantial to high community transmission, regardless of vaccination status.

### **Find My Testing Place**

Please review the updated 'Find My Testing Place LHD' Excel file weekly to ensure information is up to date and accurate. Please send the updated files or any related questions to [testfinder@castlighthouse.com](mailto:testfinder@castlighthouse.com)

### **Question & Answer**

**Q.** If you get infected with Omicron are you less likely to get infected with the Delta variant?

**A.** Omicron hasn't been around long enough to have any data on that.

**Q.** When will contact tracing end?

**A.** We sympathize with the effort that contact tracing requires. We are working with the NCALHD to identify potential endpoints for population-level contact tracing.

**Q.** Is the 16 and up booster still given at least 6 months after the last dose of their initial vaccines?

**A.** Yes.

**Q.** The new revised standing order for Pfizer states minors aged 16-17 have to have a parental consent for the booster. Can you explain why we have to obtain this consent vs. the 16-17 being able to sign for themselves for the primary series?

**A.** State law requires written consent for any emergency use authorization vaccine. For primary series the Pfizer vaccine is fully approved, whereas the booster dose is under an EUA amendment.

**Q.** The strong schools toolkit now states, "Exemption from quarantine can be considered if approved by the local public health department for persons who are not fully vaccinated and have tested antibody positive within 3 months before or immediately following a close contact." It doesn't look like the CDC has changed their



recommendation to reflect this, so we are wondering if there is a certain antibody test we should accept...like IgG? Also, would the school be responsible for obtaining this information?

**A.** We do not have specific guidance but data on performance of various antibody tests is available at <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/eua-authorized-serology-test-performance> .

**Q.** Is the data on the NCDHHS' COVID Dashboard updated on a holiday that falls during the week (ex. Thanksgiving and any subsequent days associated with a holiday such as the day after Thanksgiving when most government offices are closed)?

**A.** We will we'll continue our usual cadence of dashboard updates on weekdays, but not on state holidays.

**Q.** Should having a 6 month gap for 16 and up booster be a concern in relation to Omicron?

**A.** The FDA authorization drives the eligibility criteria for a booster. We are aware that the Federal Team is tracking Omicron and any future changes will require an FDA EUA amendment first.

**Q.** Any new updates on when we expect approval for vaccines for 6 months-4 year old children?

**A.** There has not been any chatter on the topic. Earlier this fall, the FDA asked for additional data, but there has not been a manufacturer submission for an EUA. Estimates are early next year.

**Q.** Please advise on the current guidance for people that get +PCR and then decide to get another test same day or later and get a negative PCR result. Also for people that get a +Antigen test and then later get a negative PCR and/or negative Antigen result.

**A.** A positive PCR is a positive PCR, and another negative PCR does not negate a positive unless there was a laboratory error.

For antigen tests, algorithms are here for congregate living settings: [https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/Antigen\\_Testing\\_Algorithm\\_CongregateSettings.pdf](https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/Antigen_Testing_Algorithm_CongregateSettings.pdf) and here for community settings: [https://www.cdc.gov/coronavirus/2019-cov/lab/resources/Antigen\\_Testing\\_Algorithm\\_CommunitySettings.pdf](https://www.cdc.gov/coronavirus/2019-cov/lab/resources/Antigen_Testing_Algorithm_CommunitySettings.pdf)

**Q.** When will booster data be available on the dashboard? Given the data on the increase in protection from the booster, how will the state be supporting larger scale outreach to those who need boosters (such as the elderly in the original group 1) as was done to meet the need for the first round of shots?

**A.** Raw recipient data is available for all through the file share program with LHDs. That would include administration data for all excluding DoD, VA, IHS, and Bureau of Prisons . At this time the booster/additional data is only shared on the dashboard at the state level, we are working on a solution for the future, but do not have a date at this time.